

STATENDAM

San Diego, CA

INSPECTION DATE: 11/03/2001 INSPECTION SCORE: **87**

Inspected by Jon Schnoor and Michael Halko

INSPECTION DETAILS WITH VIOLATIONS AND RECOMMENDATIONS

| Item No. | Description | Points Deducted |
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| 7 | PW system protection cross-connections, backflow; Disinfection | 0 |
| Site: POTABLE WATER | | |
| Deduction Status: N | | |
| Violation: REDUCED PRESSURE PRINCIPLE (RP) BACKFLOW PREVENTERS WERE NOT INSTALLED ON THE INTERNATIONAL FIRE CONNECTIONS. | | |
| Recommendation: Install these backflow preventers. | | |
| Action: This connection is fitted with back flow prevention approved by the Vessel Sanitation Program during its plan review and construction inspection. | | |

| Item No. | Description | Points Deducted |
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| 16 | Potentially hazardous food temperatures storage, preparation display, service, transportation | 0 |
| Site: LIDO BUFFET | | |
| Deduction Status: N | | |
| Violation: THERE WAS NO WRITTEN PROGRAM FOR USING TIME AS A PUBLIC HEALTH CONTROL FOR FOODS ON THE BUFFET LINE. NO FOOD WAS PRESENT AT THE TIME OF THE INSPECTION BUT WHEN QUESTIONED CONCERNING THE STANDARD PROCEDURES IT WAS STATED THAT THE SERVICE TIME WAS LESS THAN 4 HOURS. | | |
| Recommendation: Provide a written plan for the use of time as public health control. This should include required food temperatures in back-up, length of time of service and what is done with food left over from the buffet. Food temperatures should be measured and logged of the back-up foods during the service. | | |
| Action: Program is now in place. | | |

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| Site: MAIN GALLEY | | |
| Deduction Status: N | | |
| Violation: PREPARED REFRIGERATED, POTENTIALLY HAZARDOUS FOODS DID NOT HAVE THE PROPER DISCARD DATE NOTED ON THE CONTAINERS. | | |
| Recommendation: 7.3.5.3.2 Refrigerated, ready-to-eat, potentially hazardous food: (2) A | | |

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| | container of refrigerated, ready-to-eat potentially hazardous food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened, to indicate the date by which the food shall be consumed which is, including the day the original container is opened, 7 calendar days or fewer after the original container is opened. |
| Action: | Program is now in place |

| Item No. | Description | Points Deducted |
|-------------------|--|-----------------|
| 21 | Nonfood-contact surfaces designed, constructed, maintained, installed, located | 1 |
| Site: | LIDO FOOD SERVICE AREA | |
| Deduction Status: | Y | |
| Violation: | THE GASKET ON WARMING CABINET 11:10B WAS SPLIT MAKING IT DIFFICULT TO CLEAN. | |
| Recommendation: | Replace the damaged gasket. | |
| Action: | Gasket will be replaced | |

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| Site: | PROVISIONS DAIRY ROOM | |
| Deduction Status: | Y | |
| Violation: | SOME STORAGE RACKS WERE CORRODED AND HAD NON EASILY CLEANABLE FEATURES. | |
| Recommendation: | 7.4.1.1.9 Nonfood-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material. 7.4.2.2.6 Nonfood-contact surfaces shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance. | |
| Action: | Rack will be replaced. | |

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| Site: | MAIN GALLEY LIDO PREP AREA | |
| Deduction Status: | Y | |
| Violation: | CARDBOARD BOXES OF CLING WRAP WERE FOUND SOILED. | |
| Recommendation: | 7.4.1.1.9 Nonfood-contact surfaces of equipment that are exposed to splash, spillage, or other food soiling or that require frequent cleaning shall be constructed of a corrosion-resistant, nonabsorbent, and smooth material. | |
| Action: | Box has been replaced with dispenser. | |

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| Site: | FOOD SERVICE GENERAL |
| Deduction Status: | Y |
| Violation: | THE ICE MACHINE GASKETS HAD PEELING SEALANT ON SEVERAL OF THE MACHINES. |
| Recommendation: | 7.4.2.1.2 Nonfood-contact surfaces of equipment and utensils shall be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions. |
| Action: | Sealant will be replaced. |

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| Site: | ROOM SERVICE PANTRY PROMENADE |
| Deduction Status: | Y |
| Violation: | THE ICE MACHINE GASKET WAS SPLIT. |
| Recommendation: | 7.4.2.1.2 Nonfood-contact surfaces of equipment and utensils shall be designed and constructed to be durable and to retain their characteristic qualities under normal use conditions. |
| Action: | Gasket will be replaced. |

| Item No. | Description | Points Deducted |
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| 22 | Dishwashing / equipment washing facilities designed, constructed, maintained, installed, located, operated, TMDs, test kits | 2 |
| Site: | CREW GALLEY DISH WASH AND CREW BAR | |
| Deduction Status: | Y | |
| Violation: | DATA PLATES WERE NOT ON ALL WARE WASH AND GLASS WASH MACHINES. | |
| Recommendation: | 7.5.2.2.3 A warewashing machine shall be provided with an easily accessible and readable data plate affixed to the machine by the manufacturer that indicates the machine's design and operating specifications including the: (1) Temperatures required for washing, rinsing, and sanitizing; (2) Pressure required for the fresh water sanitizing rinse; and (3) Conveyor speed for conveyor machines or cycle time for stationary rack machines. | |
| Action: | Replacement data plates have been ordered and will be installed. | |

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| Site: | MAIN GALLEY WARE WASH |
| Deduction Status: | Y |
| Violation: | UTENSILS WERE NOT BEING RACKED PROPERLY TO ENSURE PROPER CLEANING AND SANITIZING. |

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| Recommendation: | 7.5.5.3.3 Soiled items to be cleaned in a warewashing machine shall be loaded into racks, trays, or baskets or onto conveyors in a position that: (1) Exposes the items to the unobstructed spray from all cycles; and (2) Allows the items to drain. |
| Action: | Crewmembers were re instructed on the proper procedure for placing utensils in the racks. |

| Item No. | Description | Points Deducted |
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| 24 | Sanitizing rinse temperature, concentration, time | 3 |
| Site: | MAIN GALLEY AND CREW GALLEY POT WASH | |
| Deduction Status: | Y | |
| Violation: | THERE WAS LESS THAN 50 MG/L CHLORINE IN THE SANITIZE SINKS. | |
| Recommendation: | 7.5.6.2.3.1 The sanitizing solutions shall be used with the following concentrations: (1) A chlorine solution shall have a concentration between 50 mg/L (ppm) and 200 mg/L (ppm). | |
| Action: | Crewmembers have been re instructed on the proper procedure for testing the strength of the sanitizing solution. | |

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| Site: | CREW GALLEY | |
| Deduction Status: | Y | |
| Violation: | THE SANITIZING BUCKET HAD 10 MG/L CHLORINE WHEN TESTED. | |
| Recommendation: | 7.5.6.2.3.1 The sanitizing solutions shall be used with the following concentrations: (1) A chlorine solution shall have a concentration between 50 mg/L (ppm) and 200 mg/L (ppm). | |
| Action: | Crewmembers have been re instructed on the proper procedure for testing the strength of the sanitizing solution. | |

| Item No. | Description | Points Deducted |
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| 26 | Food-contact surfaces equipment / utensils clean; Safe | 3 |
| Site: | MAIN GALLEY | |
| Deduction Status: | Y | |
| Violation: | NUMEROUS PIECES OF DISHWARE WERE FOUND SOILED WITH FOOD RESIDUE. | |
| Recommendation: | 7.5.5.1.1 Food-contact surfaces of equipment and utensils shall be clean to sight and touch. | |
| Action: | Crewmembers have been re instructed to do a more thorough job of inspecting the dishware to make sure that it has been properly cleaned. | |

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| Site: | DINING ROOM |
| Deduction Status: | Y |
| Violation: | NUMEROUS GLASSES WERE FOUND SOILED WITH DEBRIS IN THE DINNING ROOM. |
| Recommendation: | 7.5.5.1.1 Food-contact surfaces of equipment and utensils shall be clean to sight and touch. |
| Action: | Crewmembers have been re instructed to do a more thorough job of inspecting the dishware to make sure that it has been properly cleaned. |

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| Site: | CREW GALLEY |
| Deduction Status: | Y |
| Violation: | THE CAN OPENER WAS SOILED WITH FOOD RESIDUE. |
| Recommendation: | 7.5.5.1.1 Food-contact surfaces of equipment and utensils shall be clean to sight and touch. |
| Action: | Can opener had just been used. The crewmember did not have the opportunity to clean it yet. |

| Item No. | Description | Points Deducted |
|--------------------------|--|-----------------|
| 27 | Equipment / utensils non-food-contact surfaces clean | 1 |
| Site: | ROOM SERVICE PANTRY PROMENADE | |
| Deduction Status: | Y | |
| Violation: | THE ICE MACHINE GASKET WAS SOILED. | |
| Recommendation: | 7.5.5.1.3 Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. | |
| Action: | Gasket has been cleaned. | |

| Item No. | Description | Points Deducted |
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| 33 | Decks / bulkheads / deckheads construction, repair, clean | 1 |
| Site: | FOOD SERVICE E GENERAL | |
| Deduction Status: | Y | |
| Violation: | CRACKED AND BROKEN TILES WERE NOTED IN VARIOUS AREAS OF THE SHIP. | |
| Recommendation: | 7.7.4.1.1 Decks, bulkheads, and deckheads in food preparation, warewashing, pantries, and storage areas shall be constructed and maintained for easy cleaning. | |
| Action: | We take exception to this item. A review by main office staff three days after the inspection revealed no excessive damage to the tiles. | |

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| | Due to the flexible nature of a ship, it is natural that there will be some cracked tiles due to the flexing of the ship. They are replaced in an ongoing program to address this problem. |
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| Item No. | Description | Points Deducted |
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| 34 | Plumbing fixtures / supply / drain lines / drains installed, repair | 0 |
| Site: | DOLPHIN BAR | |
| Deduction Status: | N | |
| Violation: | THERE WAS A WATER LEAK IN THE MULTIFLOW CABINET. | |
| Recommendation: | Repair the leak. | |
| Action: | Leak has been repaired. | |

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| Site: | PROVISIONS | |
| Deduction Status: | N | |
| Violation: | THE CONDENSATE PAN DRAIN LINE, SUPPORT WAS DETACHED FROM THE BULKHEAD THIS RESULTED IN DRAINAGE ONTO THE DECK. | |
| Recommendation: | 7.7.3.3.1 A plumbing system in a food area shall be maintained in good repair. | |
| Action: | Drain pan has been reattached. | |

| Item No. | Description | Points Deducted |
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| 36 | Lighting provided, shielded | 1 |
| Site: | LIDO / STARBOARD GRILL AREA | |
| Deduction Status: | Y | |
| Violation: | SEVERAL LIGHTS WERE BURNED OUT MAKING THE LIGHT LEVEL IN THE AREA LESS THAN 220 LUX. ENSURE THAT WHEN THE LIGHTS ARE REPLACED THE WORKING LIGHT LEVEL IS AT LEAST 220 LUX. | |
| Recommendation: | 7.7.5.1.1 The light intensity shall be at least 220 Lux (20 foot candles) on food preparation surfaces, and at a distance of 75 centimeters (30 inches) above the deck in food preparation areas, handwashing facilities, warewashing areas, equipment, and utensil storage, pantries, toilet rooms, and consumer self-service areas. These areas need to have 220 lux of light at all time when in operation not just for cleaning. | |
| Action: | Lights have been replaced. | |

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| Site: | LIDO / POT WASH |
| Deduction Status: | Y |
| Violation: | TWO LIGHT FIXTURES WERE IN-OPERATIVE IN THE AREA REDUCING THE LIGHT LEVEL BELOW 220 LUX. IT WAS STATED THAT THE LIGHTS HAD BEEN OUT FOR APPROXIMATELY 1 WEEK. |
| Recommendation: | |
| Action: | Lights have been repaired. |

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| Site: | BAKERY |
| Deduction Status: | Y |
| Violation: | ALL THE LIGHTS WERE OUT IN THE BAKERY OVENS. |
| Recommendation: | Replace the light bulbs. |
| Action: | Lights will be replaced. |

| Item No. | Description | Points Deducted |
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| 37 | Rooms / equipment vented, humidity, condensation | 1 |
| Site: | MAIN GALLEY | |
| Deduction Status: | Y | |
| Violation: | THE VENTILATION SYSTEM WAS NOT WORKING IN THE MAIN DISH WASH AREA RESULTING IN EXCESSIVE CONDENSATION AND HEAT. | |
| Recommendation: | 7.7.6.1.2 Ventilation hood systems and devices shall operate effectively to prevent grease and condensate from collecting on the bulkheads and deckheads and remove contaminants generated by equipment located under them. | |
| Action: | We take exception to this item. The morning of the inspection the ventilation system in the dish wash area 'tripped off'. Engineers were investigating the cause while the inspection was ongoing. This was explained to Mr. Halko who was inspecting this area. The cause of the problem was found and the ventilation was operational before the end of the inspection. This was told to the inspector but he deducted points for this anyway. | |

| Item No. | Description | Points Deducted |
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| 40 | IPM procedures developed; followed; outer openings protected | 0 |
| Site: | INTEGRATED PEST MANAGEMENT | |
| Deduction Status: | N | |
| Violation: | THE TRAINING CERTIFICATES OF THE THOSE PERSONNEL TRAINED IN PEST MANAGEMENT WERE NOT MAINTAINED | |

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| | IN THE MANUAL. |
| Recommendation: | Retain a copy of the training certificates in the Integrated Pest Management manual. |
| Action: | Training certificates will be kept in the IMP manual. |

| Item No. | Description | Points Deducted |
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| 9999 | Miscellaneous | 0 |
| Site: | POTABLE WATER, POOL AND SPA PROGRAM | |
| Deduction Status: | N | |
| Violation: | THE OVERALL POTABLE WATER, SWIMMING POOL AND SPA PROGRAMS ONBOARD WERE OUTSTANDING. | |
| Recommendation: | | |
| Action: | No action necessary. | |

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| Site: | WHIRLPOOL SPAS | |
| Deduction Status: | N | |
| Violation: | IT IS NOT REQUIRED DURING THE SUPER HALOGENATION OF THE WHIRLPOOLS TO KEEP THE ANALYZERS ONLINE. IT IS ACCEPTABLE TO TAKE AND RECORD A MANUAL TEST OF THE HALOGEN LEVEL TO ENSURE THAT IT REACHES A MINIMUM OF 10 PPM DURING THIS PROCESS. | |
| Recommendation: | | |
| Action: | No action necessary. | |

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| Site: | CORRECTIVE ACTION STATEMENT | |
| Deduction Status: | Y | |
| Violation: | IN DEVELOPING THE CORRECTIVE ACTION STATEMENT FOR THIS INSPECTION, CRITICAL-ITEM DEFICIENCIES (DESIGNATED WITH YES IN CRITICAL COLUMN (WORTH 3 - 5 POINTS), WHETHER DEBITED OR NOT, SHOULD INCLUDE STANDARD OPERATING PROCEDURES AND MONITORING PROCEDURES IMPLEMENTED TO PREVENT THE RECURRENCE OF THE CRITICAL DEFICIENCY. PREPARE CORRECTIVE ACTION STATEMENT AS A WORD PROCESSING OR SPREADSHEET FILE WHICH WILL BE SENT TO USPHS / VSP AS AN EMAIL MESSAGE ATTACHMENT. PLEASE EMAIL CORRECTIVE ACTION STATEMENT TO: VSP@CDC.GOV USE EMAIL MESSAGE SUBJECT LINE: SHIP NAME - CAS - [INSERT INSPECTION DATE] . | |

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| Recommendation: | |
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